



State of South Carolina
Department of Revenue
BUSINESS ACTIVITIES QUESTIONNAIRE

NX-100
(Rev. 8/7/14)
6342

A. GENERAL INFORMATION (Please print or type):

«Case»

1a. Legal
Name:

1b. Doing
Business As:

2. Address:

(Include City, State, and Zip Code) _____

3. Type of Business Entity: _____ Corporation ('C' or 'S') _____ Partnership _____ LLC (Please see question 4)
_____ Other (Please state type of entity) _____

4. Indicate how LLC files for Federal Tax Purposes (if applicable):

5. State and Date of Incorporation:

6. Federal EIN:

7. Has company ever filed returns with South Carolina tax return? (If yes answer question 7a) _____ YES _____ NO

a. If yes indicate type of tax, and years/periods filed. _____

8. Is company included in a consolidated South Carolina tax return? (If yes answer question 10) _____ YES _____ NO

9. Is company a disregarded LLC? (If yes answer question 10) _____ YES _____ NO

10. Indicate parent company/owner and FEI #: _____

11. Describe the nature of the business in detail, including products and/or services offered. _____

B. FINANCIAL INFORMATION:

1. Gross receipts derived from South Carolina customers (last three years):
20 _____ \$ _____
20 _____ \$ _____
20 _____ \$ _____

2. List names and addresses of your three largest customer in South Carolina (If applicable)

a. _____
b. _____
c. _____

C. SOUTH CAROLINA BUSINESS ACTIVITIES:	
Provide response based on the entity's activities. For "yes" answers, an explanation or documentation may be attached. Unless otherwise indicated, all answers correspond with the three previous tax years.	
1. Did or does the company have an office, agency, warehouse, or other place of business in SC?	___ YES ___ NO
2. Did or does the company own or lease property in SC?	___ YES ___ NO
3. Did or does the company store goods or other property, in a public or private warehouse or other type facility in SC?	___ YES ___ NO
4. Did or does the company have employees, agents or independent contractors soliciting sales in SC? (Disregard domicile of employee)	___ YES ___ NO
5. Did or does the company deliver its products to customers in SC in company owned vehicles?	___ YES ___ NO
6. Did or does the company backhaul product(s) from customers in SC?	___ YES ___ NO
7. Did or does the company bring material or property into SC for use or consumption in the performance of a service or to fulfill a construction contract?	___ YES ___ NO
8. Indicate which of these activities that the company employee(s), representative(s) or independent contractor(s) perform(ed): (For independent contractors – describe activities, provide name and address of the parties. Also provide copies of agreement with these parties.)	
(a) ___ Sell products in their possession (c) ___ Conduct research or testing (e) ___ Offer technical assistance (g) ___ Approve/accept customer orders (i) ___ Receive payment from customers (k) ___ Perform repairs on company products (m) ___ Authorize credits for unsold products (o) ___ Replace products from goods on hand (q) ___ Remove unsold products from store shelf (s) ___ Distribute product samples to physicians, retailers, or other entities for no charge	(b) ___ Perform services (d) ___ Install company product (f) ___ Investigate customer credit (h) ___ Provide training to customers prior to or after a sale (j) ___ Arrange/conduct seminar(s) or lectures (l) ___ Perform any engineering or design function(s) (n) ___ Perform inspections of outdated/damaged products (p) ___ Resolve complaints at customer location (r) ___ Verify destruction of customer products
9. Does the company have an affiliate doing business in South Carolina? If so explain relationship and activities of affiliate as related to company?	___ YES ___ NO
10. Did or does your company license intangibles, such as patents, trademarks, service marks, or trade names to an entity that uses them in South Carolina?	___ YES ___ NO
11. Did or does the company receive royalties for licensed intangibles from the entity who uses them in South Carolina?	___ YES ___ NO

When signing this form, it is important that the information contained be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime.

Printed Name of Officer	Title
Signature	Telephone
Email Address	Date

MAIL COMPLETED FORM TO: South Carolina Department of Revenue
 Nexus/Discovery Section
 PO Box 125
 Columbia, SC 29214

CONTACT INFORMATION:	SUE STRICKLAND 803-898-5235 (p) 803-896-0066 (f) Stricks@sctax.org	MARY GIERSEWSKI-SMITH 803-898-5695 (p) 803-896-0066 (f) Smithmg@sctax.org
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